



**WASHINGTON STATE GAMBLING COMMISSION**  
LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
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TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637  
WEB SITE: www.wsgc.wa.gov

Date \_\_\_\_\_  
Mailed: \_\_\_\_\_

## PUBLIC CARD ROOM EMPLOYEE APPLICATION

FEE: \_\_\_\_\_ (See below)

### IMPORTANT

1. This application is for card room employees of the business that operates the card room. If you are not an employee of the card room operator, refer to attached WAC 230-02-205 or 230-02-206, you may be a service supplier or service supplier representative and will need a different application. Also, do not use this form to apply for a Commercial Gambling Manager's license, request form GC4-279. See additional important instructions on Page 3 under the heading *Avoid Processing Delays*.

### APPLICANT INFORMATION

2. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street / Box Number

City

State

Zip

County

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(\_\_\_\_\_) - (\_\_\_\_\_) - (\_\_\_\_\_) - \_\_\_\_\_  
Home Work Cell

3. Have you ever been licensed for any gaming or related activities in Washington State or any other state or jurisdiction? ☐ No ☐ Yes

**If Yes**, was your application denied, or was your license revoked or suspended or have you had any administrative actions filed against your license? ☐ No ☐ Yes

**If Yes**, provide an explanation of the action on a separate sheet of paper. Include all dates and specifics.

### QUESTIONS TO DETERMINE LICENSE FEE REQUIRED

4. Answer the following question to determine the fee of the card room employee license you will need. Over the past ten (10) years, have you lived outside the state of Washington for a total of six (6) or more months? (If you are reinstating or reapplying **and** you paid out-of-state fees with your original application, **and** have not resided out of Washington State since your original application, mark NO and pay the in-state fee.)

☐ Yes ☐ No

**Class B Employee** – In-State (No to question) \$ 237.00

– Out-of-State (Yes to question) \$ 295.00

(Fingerprint cards are required from all *Class B* employee applicants.)

**Class A Employee** – (Fingerprint cards are required if you've marked yes.) \$ 175.00

Please see "Definitions" for further clarification

### YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

### EMPLOYMENT INFORMATION

5. Business Name of Card Room Employer: \_\_\_\_\_

City: \_\_\_\_\_ Organization Number: 00- \_\_\_\_\_

Val#:

211-

AGENCY USE ONLY

Amount: \$

Date:

## INTEREST OR OWNERSHIP

6. Do you or your spouse have a financial interest, other than as employees, in this licensed business?

☐ No ☐ Yes **If Yes**, provide a written explanation on a separate piece of paper.

## PROOF OF IDENTITY

7. a. All new applicant employees are required to provide proof of identity. Please provide a copy of one of the following documents: a valid driver's license, a military identification card, or a valid passport.

b. **Aliens**: Provide a copy of your Alien Registration Card.

### CRIMINAL HISTORY STATEMENT

#### Have you ever:

- |   |                              |  |
|---|------------------------------|--|
| 1. Forfeited bail or paid a fine over \$25 (incl. traffic fines)? | 4. Been convicted?           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Been arrested?   | 5. Been jailed?              |  |
| 3. Been charged with a crime?                                     | 6. Been placed on probation? |  |

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed**. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension, or revocation of a license. **You must include information as a juvenile if you are applying for a Gambling License.**

Date Charged	Charge	City	County	State	Disposition and Date
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Served: From: To:		Type of Discharge:	

## OATH OF APPLICANT – PUBLIC CARD ROOM EMPLOYEE

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WACs 230-04-022, 230-12-305, and 230-12-310. I further declare that if I am granted a license, I will abide with all the requirements set out in RCW 9.46 and WAC 230. I understand that if I perform any of the duties of a card room employee prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license. See WAC 230-04-143 and WAC 230-04-220. I will read the training document provided by my card room employer within thirty days from my first date of employment and keep myself current of all rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER CERTIFICATION

I hereby authorize the applicant to submit this application to become a card room employee of my public card room business. (Card room operators, please read the attached Important Information sheet.) I will provide training and ensure that this employee is provided with a copy of the training packet within the first thirty days of employment.

Name: \_\_\_\_\_  
(First, MI, Last – PLEASE PRINT)

\_\_\_\_\_  
Signature of Owner, All Partners, or President of Corporation

Organization Number: 00-\_\_\_\_\_

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## IMPORTANT INFORMATION

Per WAC 230-04-140, card room operators shall maintain a system that ensures all applicable employees have met licensing requirements. This system shall include documentation that all card room employees have sent in their license application with the required payment and have adhered to the 10-day wait. The system shall also ensure all licenses are renewed when required and follow-up is made with the Gambling Commission's licensing department if a license is not received in a timely manner after an application or renewal has been sent in.

- |                                       |   |                                |
|---------------------------------------|---|--------------------------------|
| • Chief Executive / Operating Officer | • Shift Supervisor / Pit Boss                           | • Dealers (House-Banked Games) |
| • Accounting Manager                  | • Gaming Op's Floor Supervisor                          | • Count Room Personnel         |
| • Gaming Operations Manager           | • Security Supervisor                                   | • Security Personnel           |
| • Security Manager                    | • Surveillance Supervisor                               | • Surveillance Personnel       |
| • Surveillance Manager                | • Count Room Supervisor                                 | • Poker Room Manager           |
| • Accounting Supervisor               | • Accounting Personnel (Applies to Anyone in the Cage.) | • Custodian for any Player     |
| • Gaming Operations Supervisor        |   | • Supported Jackpot            |
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## AVOID PROCESSING DELAYS

1. Read the attached WACs (Washington Administrative Code). Ensure that you are applying for the right license.
  2. Complete this application. Assure that all questions are answered and that all writing is clear and legible. Use a typewriter or black ink to complete this application. Use N/A for not applicable questions.
  3. Per WAC 230-04-140, you may not perform any of the duties of a card room employee until you have met the following requirements:
    - a. Submit a completed application along with the proper fee to the Gambling Commission. An application is considered to be submitted once the envelope, containing the application and proper fee, is postmarked by any regular delivery service or personally delivered to the Gambling Commission office and validated.
    - b. After submitting the application, there is a 10-day waiting period, from the date of the postmark, before you may begin performing any card room employee duties. An applicant for a card room employee license may begin to perform duties on the day following the 10-day waiting period without receiving a license ***if*** there is no response from the Commission.
  4. If you are required to submit fingerprint cards (attached as form FD-258), follow the instructions carefully.
  5. Sign this application and make sure your employer signs the Employer Certification section on Page 2.
  6. Make your check payable to the **Washington State Gambling Commission**.
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## DEFINITIONS

- Class B Employee:** Performs duties as defined in WAC 230-02-415 in enhanced and house-banked card rooms. Also, managing the day-to-day affairs of Class E card room.  
(Please ask your employer for further clarification.)
- Class A Employee:** Performs duties as defined in WAC 230-02-415 in a Class E card room.  
(Please ask your employer for further clarification.)
- Disposition:** Final outcome of charge.